

SEC 1972(5-05)

control number.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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Serial

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
NIFORM LIMITED OFFERING EXEMPTION

▼ UNIFORM LIMITED OFFERING EXEMPTION	N
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Reignmaker Communications, Inc 8% Cumulative Convertible Preferred Stock an	d Warrants to Purchase Common Stock
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Reignmaker Communications, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2839 Paces Ferry Road, Suite 750	877-864-7482
Atlanta, GA 30339 Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	(g,
Brief Description of Business	DDO
An end to end voice over internet protocol solution provider	PROCESSED Please specify): FEB 1 3 2007
Type of Business Organization	Janca chanifult
 □ corporation □ limited partnership, already formed □ other (p □ business trust □ limited partnership, to be formed □ other (p □ oth	lease specify): FEB 1 3 2007
Month Year	Υ <u></u>
Actual or Estimated Date of Incorporation or Organization: 02 96 🖂 Actual 🗀 Est	imated THOMSON
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	FINANCIAL
CN for Canada; FN for other foreign jurisdiction) GA	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	ally signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report the n information requested in Part C, and any material changes from the information previously supplied in Parts A the SEC.	
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administ made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the prop be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this	trator in each state where sales are to be, or have been ser amount shall accompany this form. This notice shall
ATTENTION	
Failure to file notice in the appropriate states will not reesult in a loss of the federal exemption	ons. Conversely, failure to file the
appropriate federal notice will not result in a loss of an available state exemption unless such of a federal notice.	
Persons who respond to the collection of information contain	inad in this form

are not required to respond unless the form displays a currently valid OMB

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	RASIC	IDEA	CITETAL A	TION	DATA
A.	KANII.	11111111	1 1 P 36 A		IIA IA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

	Promoter	Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Smithwick, Steve					
Business or Residence Addre	•	• •			
2839 Paces Ferry Road, Sui		rgia 30339 Beneficial Owner	☐ Executive Officer	☑ Director	General and/or
Check Box(es) that Apply:	Promoter	M Beneficial Owner		☑ Director	Managing Partner
Full Name (Last name first, in	findividual)				
Leddy, Michael					
Business or Residence Addre	ss (Number and Stree	t, City, State, Zip Code)			
2839 Paces Ferry Road, Sui					
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				<u> </u>
Henderson, Brian					
Business or Residence Addre	ss (Number and Stree	t, City, State, Zip Code)			
2839 Paces Ferry Road, Sui	te 750, Atlanta, Geor	rgia 30339			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	 General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Attkisson, Ronald L.					
Business or Residence Addre	ss (Number and Stree	t, City, State, Zip Code)			
2839 Paces Ferry Road, Sui					
	te 320, Atlanta, Geor	Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
2839 Paces Ferry Road, Sui	Promoter		☑ Executive Officer	☐ Director	
2839 Paces Ferry Road, Sui Check Box(es) that Apply:	Promoter		☑ Executive Officer	☐ Director	
2839 Paces Ferry Road, Sui Check Box(es) that Apply: Full Name (Last name first, it	Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	
2839 Paces Ferry Road, Sui Check Box(es) that Apply: Full Name (Last name first, it Capeling Mills, Glenda	Promoter f individual) ss (Number and Stree	☐ Beneficial Owner t, City, State, Zip Code) rgia 30339			
2839 Paces Ferry Road, Sui Check Box(es) that Apply: Full Name (Last name first, it Capeling Mills, Glenda Business or Residence Addre	Promoter f individual) ss (Number and Stree	☐ Beneficial Owner t, City, State, Zip Code)		☐ Director	
2839 Paces Ferry Road, Sui Check Box(es) that Apply: Full Name (Last name first, it Capeling Mills, Glenda Business or Residence Addre 2839 Paces Ferry Road, Sui	Promoter f individual) ss (Number and Stree te 750, Atlanta, Geor	☐ Beneficial Owner t, City, State, Zip Code) rgia 30339			 Managing Partner
2839 Paces Ferry Road, Sui Check Box(es) that Apply: Full Name (Last name first, it Capeling Mills, Glenda Business or Residence Addre 2839 Paces Ferry Road, Sui Check Box(es) that Apply:	Promoter f individual) ss (Number and Stree te 750, Atlanta, Geo Promoter f individual)	☐ Beneficial Owner t, City, State, Zip Code) rgia 30339 ☐ Beneficial Owner			 Managing Partner
2839 Paces Ferry Road, Sui Check Box(es) that Apply: Full Name (Last name first, it Capeling Mills, Glenda Business or Residence Addre 2839 Paces Ferry Road, Sui Check Box(es) that Apply: Full Name (Last name first, it	Promoter f individual) ss (Number and Stree te 750, Atlanta, Geo Promoter f individual)	☐ Beneficial Owner t, City, State, Zip Code) rgia 30339 ☐ Beneficial Owner			 Managing Partner General and/or Managing Partner General and/or
2839 Paces Ferry Road, Sui Check Box(es) that Apply: Full Name (Last name first, it Capeling Mills, Glenda Business or Residence Addre 2839 Paces Ferry Road, Sui Check Box(es) that Apply: Full Name (Last name first, it Business or Residence Addre	Promoter f individual) ss (Number and Stree te 750, Atlanta, Geo Promoter f individual) ss (Number and Stree	Beneficial Owner t, City, State, Zip Code) rgia 30339 Beneficial Owner t, City, State, Zip Code)	Executive Officer	Director	Managing Partner General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	B. INFORMATION ABOUT OFFERING		+
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No
	Answer also in Appendix, Column 2, if filing under ULOE.		_
2.	What is the minimum investment that will be accepted from any individual?	<u>\$20</u>	0,000
3.	Does the offering permit joint ownership of a single unit?	. 🛛	
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Na	me (Last name first, if individual)		
Stanfo	rd Group Company		
	ss or Residence Address (Number and Street, City, State, Zip Code)		
330 M	adison Avenue, 36th Floor, New York, NY 10017		
Name	of Associated Broker or Dealer		
Stanfo	rd Group Company		
States i	n Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)	. Па	1 States
[x AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [xFL] [xGA] [1	HI]	[ID]
[IL		AS]	[MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [O	OR]	[PA]
[RI] [SC] [SD] [xTN] [xTX] [UT] [VT] [VA] [WA] [WV] [WI] [V	VY)	[PR]
Fuli Na	me (Last name first, if individual)		
	of Associated Broker or Dealer		
States i	n Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)	. 🗀 🗚	I States
] AL		_	[ID]
•] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [N	·=	
[MT			[PA]
[RI	·	VY]	[PR]
Fuli Na	me (Last name first, if individual)		
Busine	ss or Residence Address (Number and Street, City, State, Zip Code)	<u></u>	
Name	of Associated Broker or Dealer		
States i	n Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)	. 🔲 Ai	I States
[AL			[ID]
[1]			[MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [O	OR]	[PA]
[RI	SC SD TN TX UT VT VA WA WV WI V (Use blank sheet or copy and use additional copies of this sheet as necessary)	VY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

.5	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already		
	sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.		
	unready eventualised	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity	\$15,000,000	\$ 0
	☐ Common ☑ Preferred (8% Preferred Stock and Warrants)	<u> </u>	<u> </u>
	Convertible Securities (Including warrants)	\$	\$
	Partnership Interests	s	\$
	Other (Specify)	\$ \$	\$
	• • • • •		\$ \$0
	Total	\$ <u>15,000,000</u>	3 <u> </u>
_	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
			Aggregate
		Number	Dollar Amount
		Investors	of Purchases
	Accredited Investors	0	\$0
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	\boxtimes	\$15,000
	Legal Fees.	— 🗵	\$50,000
	Accounting Fees		\$10,000
	Engineering Fees	m	\$
	Sales Commissions (specify finders' fees separately)		\$1,500,000
	Other Expenses (identify)		\$ <u>1,500,000</u> \$
		□ ⊠	\$ <u></u>
	Total		1000 C1 C1 C

	b. Enter the difference between the agg	regate offering price given in respons	e to Part C - Ouestion			\$	13,425,000
	1 and total expenses furnished in respot gross proceeds to the issuer."	ise to Part C - Question 4.a. This diff	erence is the "adjusted	•		J _	
5.	Indicate below the amount of the adjust for each of the purposes shown. If the and check the box to the left of the e adjusted gross proceeds to the issuer set	amount for any purpose is not know stimate. The total of the payments	n, furnish an estimate listed must equal the				
					Payments to Officers, Directors &		Payments to
					Affiliates		Others
	Salaries and fees			. 🗆	\$	_ 🗆	\$
	Purchase of real estate				\$	_ 🗆	\$
	Purchase, rental or leasing and in	stallation of machinery and equipmen	t	. 🗆	\$		\$
	Construction or leasing of plant b	ouildings and facilities			\$		\$
	that may be used in exchange	(including the value of securities involved the assets or securities of anothe	r issuer pursuant to a		\$	- 🗆	\$ <u>1,435,000</u>
	Repayment of indebtedness		.,.,.		\$		\$ <u>1,006,411</u>
	Working capital			. 🗆	\$		\$ <u>10,983,589</u>
	Other (specify):			. 🔲	\$		\$
	Column Totals			. 🗆	\$		\$ <u>13,425,000</u>
	Total Payments Listed (column to	otals added)			\boxtimes	\$ <u>13,42</u>	5,000
- 2		D. FEDERAL SIGN	IATURE :				
an t	issuer has duly caused this notice to be signed undertaking by the issuer to furnish to the U.S.: accredited investor pursuant to paragraph (b)	Securities and Exchange Commission, upo					
Issu	eer (Print or Type)	Signature	Date				
	ignmaker Communications, Inc.		Febr	ru <u>ar</u> y	5,2007		·
Nan	me of Signer (Print or Type)	Title of Signer (Print or Type)					
	eve Smithwick	Chief Executive Officer					

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such	Yes	
	rule?		\boxtimes

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Reignmaker Communications, Inc.		February 5, 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Steve Smithwick	Chief Executive Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					APPENDIX					
1	Intend to accr inves	2 d to sell non-edited stors in	Type of security and aggregate offering price		Type of investor and			Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
		tate 3-Item 1)	offered in state (Part C-Item 1)		amount purchased n State (Part C-Item 2)				granted) -Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL		:								
AK										
ΑZ										
AR										
CA										
СО										
CT										
DE										
DC										
FL										
GA										
НІ										
ID										
IL										
IN							-		,	
IA										
KS										
KY										
LA										
ME										
MD										
MA										
MI										
MN								1		
MS										
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					APPENDIX					
1	<u> </u>	2	3					5		
	to accr inves S	d to sell non- edited stors in tate 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased n State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NE										
NV										
NH										
NJ										
NM			·				_			
NY										
NC		<u> </u>								
ND										
ОН										
OK										
OR										
PA										
RI										
SC										
SD										
TN										
TX										
UT										
VT										
VA										
WA										
wv										
WI										
WY										
PR										

